

September 2016

Working together to develop a medical licensing assessment: findings from our engagement with UK medical schools

What have we done so far to develop a medical licensing assessment?

We're developing proposals to introduce a medical licensing assessment (MLA), which would create a consistent standard of entry on to the UK medical register. We've defined the aim of the MLA as:

- to create a single, objective demonstration that those applying for a licence to practise medicine in the UK can meet a common standard for safe practice.

Our current plan, which is now being tested and developed, is that the MLA would focus on clinical competencies and competencies linked to patient safety and healthcare quality in the context of UK clinical practice.

We're keen to work with other organisations and those with an interest in this area across the four countries of the UK, to develop our plan and shape the assessment. As part of our comprehensive engagement programme, we visited every medical school in the UK to present our early plan and seek views.

What did our visits to medical schools involve?

In December 2015, we wrote to all medical schools to ask if we could visit to talk about the MLA. The schedule is attached as an appendix. The visits were led by our Chair, Professor Terence Stephenson; our Chief Executive, Niall Dickson; our Interim Director of Education and Standards, Dr Judith Hulf; and our Assistant Director of Education and Standards, Martin Hart. Other members of GMC staff also attended to support the visits.

Agendas for the visits varied slightly depending on the needs and interests of each school. But all included a meeting with the senior school team for an in-depth and open conversation about the MLA. We usually followed this with a larger meeting, which included a presentation and had an audience of teachers, trainers (including NHS supervisors) and students.

We were welcomed by all schools and although we met some people who opposed the introduction of the MLA, they have been in the minority and have generally taken a constructive approach to the discussion. Medical schools were keen to discuss the MLA in some detail.

This report sets out the main challenges and opportunities raised by medical schools relating to the MLA.

Summary of our findings

All schools seemed pleased to have had the opportunity to talk to us about the MLA and most gave contact details for staff who wanted to be kept up to date and involved in the work.

Schools were keen to be involved with developing the assessment and were enthusiastic about the opportunities it would bring.

Medical schools raised various challenges, including:

- some schools were keen to see evidence of variation in the standard of UK medical school graduates
- many schools had questions about how the clinical assessment would be delivered in an integrated model, what method would be used to assess clinical skills and how this assessment would be standard set and quality assured
- many schools felt the MLA must be pass/fail but there was interest in the possibility of the MLA producing a ranking of candidates – this was often linked to discussions about the possibility of the MLA being used for employment and replacing the Situational Judgement Test (SJT).

Many other issues were raised by the schools including:

- some schools felt the MLA was mainly intended to address concerns with European Economic Area (EEA) doctors, while others accepted the range of reasons we put forward on why an MLA would be desirable
- most schools supported a model that integrates the MLA with medical school finals, and were interested in how that would work
- most schools thought that computer delivered knowledge assessment would be sensible and straightforward to deliver
- schools were aware that the MLA would lead to schools being ranked in some way according to the performance of their students in the assessment
- many schools wanted the Prescribing Safety Assessment (PSA) and the MLA to be integrated
- some schools and students wanted the MLA to replace the SJT.

Findings in more detail

The case for an MLA

Individuals at many schools challenged us on how strong the evidence is of variation across the medical schools (and thus how much graduates vary in ability, knowledge and skills). For example, one school asked what the consequences of variation in standards between schools were and whether variation was in fact a problem.

Integrating the knowledge and clinical skills assessments into medical school finals

Our early visits to medical schools presented the possibility of both integrated and stand-alone knowledge and clinical assessments.

By integrated, we provisionally mean assessments that form part of the final examinations at medical schools and take place at each school (rather than at an external assessment venue). Schools might decide when to run the integrated assessment themselves or we could offer dates for schools to select from. Each school might run both parts of the assessment or some schools might not run the clinical assessment but send their students to another location to take it.

By stand-alone, we mean assessments taken on a date or dates coordinated centrally, and at one or more venues external to the medical schools.

As the programme of visits to medical schools went on, we developed our thinking in response to the discussions we had with them. We started to talk more about an integrated model for the MLA knowledge and clinical assessments. In this model, the MLA would be integrated into medical school final assessments. Students would take the MLA assessments and the additional assessments each individual medical school wanted to carry out to assess the necessary areas of their curricula and award a primary medical qualification (PMQ).

Most medical schools were supportive of an integrated model in principle. Many schools wanted to discuss in detail how the integrated MLA would fit into their existing curricula and assessments.

Some individuals said they would prefer a stand-alone assessment. These preferences tended to be based on concerns about how the MLA would be integrated into their existing final assessments. One school was concerned that it would be difficult to persuade the university to amend medical finals to include the MLA. Another school pointed out that the SJT is sat by all candidates on the same day and perhaps it would be fairer if this was the case for the MLA too. Some students said they would prefer an additional stand-alone MLA, but there was less clarity on why this might be. We assume that those students in particular were happy to take assessments and confident they would not suffer from over assessment.

Some schools were concerned that the MLA would lead to a common curriculum for all medical schools. For example, one school felt that if a UK-wide assessment were introduced, the inevitable consequence would be a common curriculum for all medical schools.

Two schools asked if we had considered integrating the MLA into earlier parts of medical schools' assessments and not just the final year.

Towards the end of the visit programme there was some discussion around models for delivering an integrated clinical assessment at medical schools. We presented some ideas, including a franchise model where we would commission schools to deliver the MLA on behalf of the GMC.

It was suggested that schools that are geographically close could group together to deliver the clinical assessment – this could work where some schools have larger physical resources to deliver clinical assessments than others. It was also suggested that schools could provide the MLA for international medical graduates, which would give more options for international medical graduates than just the GMC clinical assessment centre.

The knowledge assessment

Most schools didn't see a problem with a standardised integrated knowledge assessment for the MLA. Schools have experience of sharing a bank of common knowledge assessment written questions through the Medical Schools Council Assessment Alliance common content work,^{*} so the approach of using questions from a shared bank in final exams is accepted. A shared bank of questions developed for the MLA would need to reflect health service guidelines in all four countries.

Most schools accepted that a computer based knowledge assessment was sensible. One school was concerned about providing the necessary infrastructure to support a computer-based knowledge assessment and suggested that there could be an alternative paper-based assessment.

The clinical assessment

Some schools noted the challenge in making sure the clinical assessment would be reliable and valid, especially if it were delivered across multiple sites (for example, at all schools) and at different times to fit in with medical school finals.

One school noted that patients used for Objective Structured Clinical Examinations (OSCEs) – real, simulated, stable or acute – vary between schools, which makes standardisation across schools challenging. One school said that identical kit, such as

^{*} See www.medschools.ac.uk/MSCAA/Pages/default.aspx.

stethoscopes, would need to be available for all assessments at all locations, so students considered an assessment delivered across multiple sites to be fair.

One school said that a stand-alone clinical assessment on a fixed day could disadvantage some students, depending on when in their school's curriculum the clinical skills being tested had been taught.

Some schools challenged us on how the clinical assessment could test areas such as resilience, psychology, professionalism, communication, knowledge of the NHS and preparedness for the Foundation Programme. One school said that the GMC should investigate the areas that doctors can struggle with in clinical settings and test these in the MLA.

Some schools emphasised the benefits of clinical assessments, which test more than one skill in each station. For example, a candidate won't only be tested on inserting a cannula, but will be required to take a history from the patient first. One school noted that they assess these skills in an Integrated Structured Clinical Examination, which is a version of an OSCE. Another school commented that they have increased the integration in their OSCEs recently. Part 2 of the GMC's new Professional and Linguistic Assessments Board (PLAB) test uses integrated OSCE stations, so this is in line with our likely approach to the clinical assessment.

Some schools suggested that the clinical skills assessment would be hard to integrate into existing finals, because medical schools vary widely in their approach to clinical assessment. Two schools suggested that common content for the clinical assessment could be agreed by all medical schools, but that schools could decide how best to deliver the content in their existing style of clinical assessments.

Technical aspects of the clinical and knowledge assessments

Schools were very interested in discussing the technical detail of how we will design the MLA, set its standards and quality assure it. And they wanted to discuss what would happen to students who failed the MLA, or passed it but failed the rest of their medical school finals.

We couldn't give specific details, as we haven't decided on many of these areas, but discussions were productive and interesting. Schools gave the following ideas and suggestions.

- All schools were interested in how the standard for passing the MLA would be set. Some schools were concerned that the standard for the MLA would be too low. For example, some schools thought the MLA could test the 'lowest common denominator' and would not be a good use of their students' time.
- Some schools noted that a larger and more regulated pool of trained external examiners would be needed to quality assure the MLA. One school suggested we

introduce GMC-approved external examiners before we implement the MLA, to allow schools to become more consistent with their exam procedures.

- We discussed the possibility of schools deciding when students were fit to sit the MLA, which might mean students within the same school taking MLA assessments at different times.
- Many schools asked what would happen if a student passed their medical degree but failed the MLA, or vice versa. We emphasised that the MLA was 'necessary but not sufficient' to gain a PMQ in the integrated model. One school asked whether there would be opportunity for students to remediate between MLA sittings or if they would go straight to a resit a few days later, as is the case for some medical school finals. We advised that a remediation and resit policy for students who failed the MLA would need to be introduced for all schools.
- One school asked if we were planning to consider the use of sequential testing for the MLA. Sequential testing allows candidates to be screened, so that those who are more able and meet the required standard early in the assessment undergo less assessment (for example, fewer written questions or OSCE stations). But weaker candidates need to undergo more assessment to determine whether they are able to meet the required standard.

Students focusing too much on the MLA to the detriment of other areas of the curriculum

Many schools noted that medical students are very focused on passing exams. They expressed concerns that students would focus on passing the MLA, to the detriment of preparing for practice or other areas of their curriculum.

Use of the MLA to rank students

We think the MLA would primarily be a pass/fail assessment, because it's an assessment for the purpose of awarding registration with a licence to practise, for which the decision is binary. We clarified that the MLA is about a minimum level of competence not ranking and that it would not be an imposition but an integrated approach. However, and particularly during later visits, we were receptive to the idea that the MLA could also be used to rank students – potentially for the purposes of employment or selection into training. However, we noted that an assessment designed to be pass/fail might not be practical for showing the granularity of performance needed to give a ranking.

We're aware that it is technically possible to run assessments that produce a pass/fail but also produce a ranking. An example is adaptive testing, where candidates are asked progressively harder questions, which gives greater discrimination in marks above the pass/fail line. We have not yet investigated these types of assessment in detail.

Use of the MLA to rank schools

We were asked by many schools whether they would be ranked according to how well their students did in the MLA. Some schools were in favour of ranking, others thought that the MLA should be a pass/ fail assessment only and not be used for ranking.

Some schools were interested in what the consequences would be for schools whose students did not do as well in the MLA compared with other schools. Some thought that the GMC should hold schools to account if their students didn't perform well in the MLA.

Resourcing for the knowledge and clinical assessments

Many schools had questions about how the MLA would be resourced and didn't want the cost to be passed on to students. Private medical schools would need to be clear with applicants about the impact of the MLA on the fees charged at these institutions. This would also be the case for students paying full fees at public medical schools, such as international students.

Resourcing for the early revalidation

Many schools asked how early revalidation would be funded. We couldn't give a definitive response to this because we haven't yet reached that stage of planning.

Sharing MLA data with students, schools and more widely

We discussed with some schools whether a student should be able to get their MLA score in addition to their pass/fail result, and whether a school should be able to get a cohort's scores for the purposes of ranking students. It was argued that an individual's score or the scores of a cohort could be subject to a Freedom of Information request. We did not form any view on these areas. We will need to develop a plan for how we intend to share and potentially publish data arising from the MLA.

The proposed early revalidation to confirm a doctor is fit to retain their registration with a licence to practise

This final stage of the MLA was discussed less than the knowledge and clinical assessments during the medical school visits.

At several schools we discussed approaches that would potentially identify doctors who were not meeting the standard at this stage. A properly executed peer review was suggested a number of times as an approach that could identify issues with a doctor's performance, though it was argued that this is hard to make rigorous and defensible.

Some schools suggested there could be a filtering approach for the final stage of the MLA. This would mean doctors wouldn't need to go through the whole process if they could satisfy requirements early on through something like a supervisor's report, feedback from colleagues or an on-line screening test.

Some schools suggested we could just introduce the final stage of the MLA to cover all doctors and not introduce a knowledge and clinical assessment for UK medical students. Some schools asked why we weren't introducing the final stage sooner than the knowledge and clinical assessments because it is not dependent on those stages.

One school felt that students who got their PMQ in the UK, having passed the knowledge and clinical MLA assessments, but then left to practise overseas would find it hard to pass the final stage of the MLA, as it would be linked to revalidation. This would raise questions about the status of the registration and licence to practise of such doctors.

Impact of possible changes to the point of full registration on the MLA

At many schools, we discussed the impact on the MLA if provisional registration was abolished.

In recent years, various organisations have proposed moving the point at which UK graduates are granted full registration with a licence to practise from the end of Foundation Year 1 training to the end of medical school – in effect abolishing provisional registration. The GMC is not opposed to this idea in principle, but we have concerns about maintaining patient safety and the level of competence expected of fully registered doctors. Introducing the MLA could help mitigate the risk of abolishing provisional registration.

But it's important to note that the case for the MLA doesn't depend on moving the point of registration. Even if provisional registration stays in its current form, there are strong reasons for creating a single, objective demonstration of a common standard for doctors seeking to practise in the UK.

We explained the steps we were taking to investigate whether graduate entry programmes could be protected in the event of provisional registration being abolished.

The Prescribing Safety Assessment

At many schools, we discussed how the Prescribing Safety Assessment (PSA) would fit in with the MLA. Some schools said we would need to make sure there is no overlap between the MLA and the PSA. Being able to prescribe is fundamental for a doctor to hold a licence to practise. Schools were supportive of integrating the PSA with the MLA.

Situational Judgement Test (SJT)

We discussed with some schools how the Situational Judgement Test (SJT) would fit with the MLA. The SJT is a test specifically used for ranking students for employment and at present, we see the MLA as being pass/fail, so it's difficult to see how the MLA could incorporate the purpose of the SJT.

Working together to develop the MLA

Virtually all schools contacted us after their MLA visit to thank us and to give contact details for staff who want to help develop the MLA. We'll keep these contacts up to date with the progress of our work and will let them know when opportunities to become involved arise.

We'd like to thank everyone who took the time to meet us. The meetings gave us very helpful feedback, which has shaped our thinking around the MLA – for example, the move from a stand-alone to an integrated model of delivery. The views of medical schools will be reflected in our proposals for formal consultation. Their views will also inform the work of the MLA expert reference group, which will meet for the first time in October 2016 and will advise us on the development of the MLA.

If you'd like any further information, please get in touch with Kate Gregory, Assessment Project Advisor, at kate.gregory@gmc-uk.org.

Appendix: schedule of MLA visits to medical schools

School	Date of visit	GMC presenter
Newcastle	11 February 2016	Niall Dickson
University College London	15 February 2016	Niall Dickson and Terence Stephenson
Plymouth	18 February 2016	Judith Hulf
Cambridge	24 February 2016	Niall Dickson
Aberdeen	04 March 2016	Niall Dickson
Cardiff	08 March 2016	Terence Stephenson
Liverpool	08 March 2016	Martin Hart
Sheffield	17 March 2016	Judith Hulf
Warwick	29 March 2016	Martin Hart
Birmingham	05 April 2016	Judith Hulf
Lancaster	05 April 2016	Terence Stephenson
Manchester	05 April 2016	Martin Hart
Edinburgh	06 April 2016	Niall Dickson
Imperial	07 April 2016	Judith Hulf
Brighton/Sussex	13 April 2016	Judith Hulf
Keele	14 April 2016	Martin Hart
Leicester	15 April 2016	Niall Dickson
Bristol	18 April 2016	Niall Dickson
Oxford	18 April 2016	Terence Stephenson
Glasgow	19 April 2016	Martin Hart

School	Date of visit	GMC presenter
Swansea	22 April 2016	Martin Hart
Nottingham	25 April 2016	Terence Stephenson
St Georges	25 April 2016	Martin Hart
Dundee	03 May 2016	Martin Hart
Norwich	03 May 2016	Terence Stephenson
Southampton	05 May 2016	Niall Dickson
Barts	10 May 2016	Judith Hulf
Exeter	26 May 2016	Judith Hulf
Hull/York	08 June 2016	Terence Stephenson
Leeds	08 June 2016	Judith Hulf
Kings College London	20 June 2016	Terence Stephenson
Belfast	22 June 2016	Terence Stephenson
UCLAN	23 June 2016	Kate Gregory
Buckingham	06 July 2016	Kate Gregory